

**HARFORD COUNTY HEALTH DEPARTMENT**

**120 Hays Street  
P. O. Box 797  
Bel Air, Maryland 21014-0797  
443-643-0305/410-879-2684  
FAX 443-643-0333**

**Application for Change of Ownership Inspection**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

\_\_\_\_\_

Facility Phone Number: \_\_\_\_\_

New Owner of Business: \_\_\_\_\_

New Owner Address: \_\_\_\_\_

\_\_\_\_\_

New Owner Phone: \_\_\_\_\_

New Name of Facility (If applicable): \_\_\_\_\_

**Official Use Only**

Fee Paid: \_\_\_\_\_

Inspection Date \_\_\_\_\_

HACCP Received: \_\_\_\_\_